



The Argonne West Summer Intern Program

Bob Seidel
Argonne National Laboratory
Idaho Falls, Idaho 83403-2528
Phone: (208) 533-7736
Fax: (208) 533-7471

Summer Intern Application Supplement

Dear Applicant,

Thank you for your interest in the Argonne West Summer Intern Program.

Check out the projects and experiences of last year's summer interns at:

<<http://anlsun.ebr.anlw.anl.gov/summerstu/index.html>>. Review the catalog of research projects—especially 4-12 and 282-286 at: <<http://www.dep.anl.gov/BASIS/rescat/www/project/SF>>.

You may also learn more about summer intern programs at Argonne East at: <<http://www.dep.anl.gov>>.

Learn more about the Idaho Falls area at: <<http://www.idahonews.com/index.htm>>.

Follow these steps to apply:

1. Review the application process for all of Argonne and submit your application online at:
<<http://www.dep.anl.gov/highered/summr.htm>>.

Note: Both online and electronic application forms must be completed for your application to be considered at Argonne West!

2. Download either of the following application forms relating specifically to positions at ANL West.

2a. Microsoft Word 6.0 forms document to key in your information with minimal effort.

For Mac and Windows OS: <<http://anlsun.ebr.anlw.anl.gov/summerstu/appl.doc>>.

2b. Adobe Acrobat PDF file to print out and fill in the blanks by hand.

For all OS: <<http://anlsun.ebr.anlw.anl.gov/appl.pdf>>.

Retrieve Adobe Acrobat Reader 3.0: <<http://www.adobe.com>>.

3. Complete and mail, or fax, the following forms:

Operations at Argonne-West include materials and technologies that are protected. Applicants must complete and return each of these supplemental forms to enable background checks to be performed. Appointments cannot be offered until a positive security report is obtained.

3a. Employment Application Supplement

3b. Previous Address Form

3c. Authority for Release of Information

4. Enter your name on each of the three Confidential Reference Forms. Give one to your adviser, one to the department head or chair of your major department, and one to another faculty member of choice.
5. Request an Official Transcript be sent to Argonne from your school. Use the Transcript Request letter if necessary.

If you have any questions about the program, please contact me.

Dr. Bob Seidel
ANL-W Summer Intern Program
Argonne National Laboratory
Phone: (208) 533-7736
Fax: (208) 533-7471
Email: Bob_Seidel@anl.gov



The Argonne West Summer Intern Program

Return to:

Ms. Laurie Taylor
Summer Intern Program
Argonne National Laboratory
Idaho Falls, Idaho 83403-2528
Phone: (208) 533-7227
Fax: (208) 533-7366

Employment Application Supplement

Applicant: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State) (Zip)

SSN: _____ - _____ - _____ Phone: _____ - _____ - _____

In the following responses, do not include traffic violations for which a fine of \$100 or less was imposed.

Have you ever been convicted of, or plead guilty to, any felony or misdemeanor when you were age 18 or older?

YES ☐ NO ☐

Have you ever been convicted of, or plead guilty to, any felony for which you were tried as an adult regardless of age?

YES ☐ NO ☐

If you answered yes to either or both of the questions, explain below. Include date, place, charge, and disposition.

Completion of this form is necessary before an offer of employment can be made to you. The information you provide will not automatically eliminate you from consideration for employment with the Laboratory.

I understand that any omission, false answer, or statement made by me on this application will be sufficient grounds for rejection of my application or for my discharge after employment.

(Signature)

_____/_____/_____
(Date)

FOR HUMAN RESOURCES DEPARTMENT USE ONLY
Access Restricted to Authorized Personnel



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Authority for Release of Information

To:

This constitutes my consent and authorization to the person or organization identified above to furnish any duly authorized representative of Argonne National Laboratory any and all information regarding the undersigned.

This release is executed with full knowledge and understanding that the information is for official use by Argonne National Laboratory and that the information will be fully safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need for it in the proper discharge of official business.

I hereby release the person or organization identified above, their employees, agents, sub-contractors, and officers, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

Type or Print Name of Applicant: _____ Date: ____/____/____

Address: _____

Signature of Applicant: _____



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Type or Print Name of Applicant: _____ Date: ____/____/____

Address: _____

Signature of Applicant: _____



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Confidential Reference Form to be completed by the Major Department Head

Applicant: _____
(Last) (First) (Middle)

How long and in what association have you known the applicant? _____

Compared to other Engineering and Science students of similar age and experience, how would you rate the applicant with respect to the following **Personal Characteristics**:

	Below Average	Average	Above Average	Outstanding	Inadequate Opportunity to Observe
• Motivation toward a successful, productive career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fertile imagination and original thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Self-reliance and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Potential for graduate study success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to other Engineering and Science students of similar age and experience, how would you rate the applicant with respect to the following **Technical Capabilities**:

	Below Average	Average	Above Average	Outstanding	Inadequate Opportunity to Observe
• Critical thinking (decision making capabilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mastery of fundamental knowledge in field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Intellectual growth during total period observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Laboratory skills and techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to communicate information (written/oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Commitment to work in a nuclear energy related field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the space below, add any descriptive comments which will assist in providing a complete picture of the applicant's character, attitude, abilities and potential as an Engineer or Scientist. Please comment on weak as well as strong points.
(Use additional sheets if necessary.) _____

Signature: _____ Title: _____
Typed or Printed Name: _____ Date: ____/____/____
Address: _____ Phone: ____-____-____



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Confidential Reference Form to be completed by the student's adviser

Applicant: _____
(Last) (First) (Middle)

How long and in what association have you known the applicant? _____

Compared to other Engineering and Science students of similar age and experience, how would you rate the applicant with respect to the following **Personal Characteristics**:

	Below Average	Average	Above Average	Outstanding	Inadequate Opportunity to Observe
• Motivation toward a successful, productive career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fertile imagination and original thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Self-reliance and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Potential for graduate study success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to other Engineering and Science students of similar age and experience, how would you rate the applicant with respect to the following **Technical Capabilities**:

	Below Average	Average	Above Average	Outstanding	Inadequate Opportunity to Observe
• Critical thinking (decision making capabilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mastery of fundamental knowledge in field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Intellectual growth during total period observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Laboratory skills and techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to communicate information (written/oral)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Commitment to work in a nuclear energy related field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the space below, add any descriptive comments which will assist in providing a complete picture of the applicant's character, attitude, abilities and potential as an Engineer or Scientist. Please comment on weak as well as strong points.
(Use additional sheets if necessary.) _____

Signature: _____ Title: _____
Typed or Printed Name: _____ Date: ____/____/____
Address: _____ Phone: ____-____-____



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Confidential Reference Form to be completed by a Faculty Member

Applicant: _____
(Last) (First) (Middle)

How long and in what association have you known the applicant? _____

Compared to other Engineering and Science students of similar age and experience, how would you rate the applicant with respect to the following **Personal Characteristics**:

	Below Average	Average	Above Average	Outstanding	Inadequate Opportunity to Observe
• Motivation toward a successful, productive career	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fertile imagination and original thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emotional stability and maturity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Ability to work with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Self-reliance and independence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Potential for graduate study success	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Compared to other Engineering and Science students of similar age and experience, how would you rate the applicant with respect to the following **Technical Capabilities**:

	Below Average	Average	Above Average	Outstanding	Inadequate Opportunity to Observe
• Critical thinking (decision making capabilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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• Intellectual growth during total period observed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Laboratory skills and techniques	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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• Commitment to work in a nuclear energy related field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

In the space below, add any descriptive comments which will assist in providing a complete picture of the applicant's character, attitude, abilities and potential as an Engineer or Scientist. Please comment on weak as well as strong points.
(Use additional sheets if necessary.) _____

Signature: _____ Title: _____
Typed or Printed Name: _____ Date: ____/____/____
Address: _____ Phone: ____-____-____



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Please list all residences for the past 15 years - most recent first. Account for all time periods.

Applicant: _____
(Last) (First) (Middle)

Address: _____
(Street) (Apt.)

(City) (State) (Zip)
From: ____/____/____ To: :____/____/____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)
From: ____/____/____ To: :____/____/____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)
From: ____/____/____ To: :____/____/____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)
From: ____/____/____ To: :____/____/____



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Residences, continued...

Page: ____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)
From: ____ / ____ / ____ To: : ____ / ____ / ____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)
From: ____ / ____ / ____ To: : ____ / ____ / ____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)
From: ____ / ____ / ____ To: : ____ / ____ / ____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)
From: ____ / ____ / ____ To: : ____ / ____ / ____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)
From: ____ / ____ / ____ To: : ____ / ____ / ____



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Residences, continued...

Page: ____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)
From: ____ / ____ / ____ To: : ____ / ____ / ____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)
From: ____ / ____ / ____ To: : ____ / ____ / ____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)
From: ____ / ____ / ____ To: : ____ / ____ / ____

Address: _____
(Street) (Apt.)

(City) (State) (Zip)
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Address: _____
(Street) (Apt.)

(City) (State) (Zip)
From: ____ / ____ / ____ To: : ____ / ____ / ____



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Transcript Request

To Whom It May Concern,

Please send an Official Transcript to Argonne National Laboratory-West at the address listed above to support my internship application. It must be received by Argonne no later than February 1, 1997.

Thank you.

Applicant: _____
(Last) (First) (Middle)

Student Number: _____ Signature: _____ / /
(Date)